



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Community Houses Dundrum
Name of provider:	Health Service Executive
Address of centre:	Dublin 16
Type of inspection:	Short Notice Announced
Date of inspection:	20 November 2020
Centre ID:	OSV-0004647
Fieldwork ID:	MON-0026547

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Community Houses Dundrum is a community-based residential service for adult residents with an intellectual disability operated by the Health Service Executive. The centre is based in a suburban area of South Dublin and is comprised of two units. One, a semi-detached house, is home to three residents while the second unit, also a semi-detached house, is home to four residents. Services provided from the centre include 24-hour residential supports and residents. The staff team consists of a person in charge, nursing staff and health care assistants. There are a wide variety of services and amenities available within short distance from both residential units including shops, post offices, medical centres, and access to public transport.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 20 November 2020	09:30hrs to 15:30hrs	Andrew Mooney	Lead

What residents told us and what inspectors observed

In line with public health guidance and residents' assessed needs, the inspector did not spend extended periods with residents. However, the inspector did have the opportunity to meet with and speak to a resident during the inspection.

The inspector visited one of the three houses that comprises the designated centre. The inspector observed that residents had plenty of communal space and this facilitated a relaxed atmosphere within the centre. During the inspection, the inspector observed residents being supported to access the community in line with public health guidance. Additionally, the inspector observed residents engaging in activities of their choice, this included attending virtual classes. A resident told the inspector that they really enjoyed the interactive format of the virtual classes and this allowed them to safely see friends and engage in classes of their choosing.

Capacity and capability

The governance and management arrangements within the centre ensured appropriate resources were available to operate a safe service. However, the arrangements to ensure staff received appropriate supervision required improvement.

The provider had ensured that there was a statement of purpose in place that included all information set out in the associated schedule. It was reviewed as required and a copy was readily available to residents and their representatives.

There were clearly defined management structures which identified the lines of authority and accountability within the centre. There was a suitably qualified and experienced person in charge in place who provided effective leadership. The provider had systems in place to monitor and review the quality of services provided within the centre. When these systems identified service deficits, appropriate actions were undertaken to address these issues in a timely manner. This showed that the provider could self identify issues within the centre and had the capacity and capability to drive the improvements as required.

The provider had ensured that staff had the required competencies to manage and

deliver person-centred, safe and effective services to the residents of the centre. There was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times. There was an actual and planned roster in place and they were maintained accurately by the person in charge. During the inspection the inspector observed staff interacting in a very positive way with residents.

The provider had ensured that staff had the appropriate skills and training to provide support to residents. Training such as safeguarding vulnerable adults, medication, epilepsy, fire prevention and manual handling was provided to staff, which improved outcomes for residents. However, there were some gaps in the provision of refresher training and this required review.

Improvements were required in the provision of staff supervision, as staff had not received supervision in line with the provider's policy. During the inspection, the person in charge outlined that new structures were recently put in place and this would ensure staff supervision was conducted in line with the provider's policy going forward.

Regulation 15: Staffing

There was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times. There was an actual and planned roster in place and they were maintained accurately by the person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

The education and training available to staff enabled them to provide care that reflected up-to-date practice. However, not all appropriate refresher training had been completed.

Improvements were required in the provision of staff supervision, as staff had not received supervision in line with the provider's policy.

Judgment: Not compliant

Regulation 23: Governance and management

The management structure was clearly defined and identified the lines of authority and accountability, specified roles and detailed responsibilities for all areas of service provision.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was in place and contained all information set out in the associated schedule.

Judgment: Compliant

Quality and safety

Effective systems and procedures were in place to protect residents, promote their welfare, recognise and effectively manage the service when things went wrong. These systems and procedures ensured a quality and safe service was delivered, and this enhanced residents' lived experience within the centre.

There were appropriate arrangements in place to ensure that residents had a personal plan in place that detailed their needs and outlined the supports required to maximise their personal development and quality of life. The service worked together with residents and their representatives to identify and support their strengths, needs and life goals. Residents were supported to access and be part of their community in line with their preferences. Residents were assisted to find opportunities to enrich their lives and maximise their strengths and abilities. This included residents engaging in a variety of meaningful activities within the local and wider community. Residents were also supported to engage in online activities during the COVID-19 pandemic.

Arrangements were in place to support and respond to residents' assessed support

needs. This included the ongoing review of behaviour support plans. Staff were very familiar with residents' needs and any agreed strategies used to support residents. All staff received positive behaviour support training and this enabled staff to provide care that reflected up-to-date, evidence-based practice. This promoted a culture of positive behaviour support within the centre.

The provider had ensured that there were systems in place to safeguard residents from all forms of potential abuse. All incidents, allegations and suspicions of abuse at the centre were investigated in accordance with the centre's policy. Staff had a good understanding of safeguarding processes and this ensured residents were safeguarded at all times.

The provider had put systems in place to promote the safety and welfare of residents. The centre had a risk management policy in place for the assessment, management and ongoing review of risk. This included a location-specific risk register and individual risk assessments which ensured risk control measures were relative to the risk identified. This enabled residents to live full lives without undue restriction. Incidents that occurred were reviewed for learning and where appropriate, additional control measures were put in place to reduce risk. Learning from incidents was used to bring about positive change within the centre.

The inspector observed that the design and layout of the centre ensured that each resident could enjoy living in an accessible, safe, comfortable and homely environment. However, some maintenance issues within the centre were not addressed in a timely manner.

Where transitions to new services were assessed as being appropriate, residents were consulted with in advance of any move. Residents were also supported to access independent advocacy to ensure that transitions were completed with their consent. All transitions were completed in a timely manner and planned supports were in place.

The provider demonstrated their capacity to communicate with residents, their families and visitors to promote and enable safe infection prevention and control practices. The provider had adopted a range of infection prevention and control procedures to protect residents from the risk of acquiring a healthcare-associated infection. There were hand washing and hand sanitising facilities available throughout the centre. There were suitable arrangements for clinical waste disposal. The provider had ensured adherence to standard precautions and there were ample supplies of personal protective equipment (PPE). There were clear arrangements in place to protect residents and staff from acquiring or transmitting COVID-19. The provider ensured all relevant public guidance was adhered to, including providing appropriate access to testing for COVID-19 as required. During the inspection, the inspector observed staff engaging in social distancing and wearing appropriate PPE.

There were appropriate systems in place for the prevention and detection of fire, including emergency lighting and all staff had received suitable training in fire prevention and emergency procedures. Regular fire drills were held and accessible

fire evacuation procedures were on display in the centre. However, there was insufficient fire exit signage available throughout the centre.

Regulation 17: Premises

The premises was suitable to meet the needs of residents. However, not all maintenance issues were resolved in a timely manner.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Arrangements were in place to ensure risk control measures were relative to the risk identified.

Judgment: Compliant

Regulation 27: Protection against infection

The prevention and control of healthcare-associated infections was effectively and efficiently governed and managed. Staff were observed to maintain social distancing and demonstrated good hand hygiene during the course of the inspection.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire detection and fire fighting equipment was provided and serviced when required. Staff were suitably trained and knew what to do in the event of a fire. However, not all fire escape routes were suitably illuminated with fire exit signage.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

There was a comprehensive assessment that met the needs of the residents and a personal planning process that reflected those assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate supports were in place for residents with behaviours that challenge or residents who were at risk from their own behaviour.

Judgment: Compliant

Regulation 8: Protection

The person in charge initiated and carried out an investigation in relation to any incident, allegation or suspicion of abuse and took appropriate action where a resident was harmed or suffered abuse.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

Planned supports were in place when residents transferred between or moved to a new service.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant

Compliance Plan for Community Houses Dundrum OSV-0004647

Inspection ID: MON-0026547

Date of inspection: 20/11/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.</p> <p>In response to the area of training found under the regulation Regulation 16(1)(a)</p> <p>The Person In Charge shall ensure that all staff shall undergo and participate in specified training within the specified timelines.</p> <p>In response to the area of training found under the regulation Regulation 16(1)(b)</p> <p>A schedule of training is planned for each quarter and will be made available to staff Staff supervision has commenced and will be provided in accordance with local policy, there will be a minimum of 5 staff every 6-8 weeks that will meet with their supervisor. The supervisors will have a 6 monthly plan in place with protected time given for staff supervision.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.</p>	

In response to the area of training found under the Regulation 17(1)(b)

The registered provider shall ensure that a priority list is developed with realistic timeframes and actions are reviewed regularly.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The registered provider shall provide adequate means of escape, including emergency lighting.

In response to the area regarding means of escape found under the regulation
Regulation 28(2)(c)

The registered provider will ensure adequate means of escape and will consult with the fire officer. Risk assessment of each house within the Designated Area will inform the need for additional emergency lighting which was identified as signage over exit doors.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	01/06/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	01/06/2020
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/12/2020
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape,	Substantially Compliant	Yellow	31/01/2020

	including emergency lighting.			
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